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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:	7-13 SC
Martin Carlson, Acting U.S. Attorn Middle District of PA 228 Walnut Street, Suite 217 Harrisburg, PA. 17108-1754	Service Type  Controlled Mail  Registered  Insured Mail  COD	s.
2. Article Number (Copy from service label)  7000 0520 0023 0166  PS Form 3811, July 1999 11 11 11 Domestic Ref	4. Restricted Delivery? (Extra Fee)	FILED HARRISBUR
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